FOSTER CARE REVIEW OFFICE Application to Serve as a Volunteer on a Local Review Board

Per Neb. Rev Stat. §43-1304, "A person employed by the Office, the Department of Health and Human Services, a child-caring agency, a child-placing agency, or a court shall <u>not</u> be appointed to a local board". This includes persons employed by a contractor or sub contractor of the above noted entities.

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Marital status: Number of children	arital sta	atus:		Nur	mber of	childı	ren					

I am presently a foster or adoptive parent (this is not a requirement): Yes No
Please indicate any potential conflicts of interest that you might have that the FCRO should be aware of. (Use an additional sheet if more room is needed).
Please list current and past volunteer activities (use an additional sheet if more room is needed).
Please list the name, address, phone number and email address (<i>preferred</i>) of two references.
1
2
Please write a short paragraph to explain why you would like to serve on a local review board.

Foster Care Review Office 521 S. 14th Street, Suite 401 Lincoln, NE 68508-2707 - (402) 471-4420 Fax: 402-471-4437

Email: fcro.contact@nebraska.gov

FOR OFFICE USE ONLY:									
Dates Documents Received									
Application Background CheckConfidentiality Statement									
Training Completed: Three Parts:									
Part I Part II Part III - Observe Board Meeting									
Date appointed Board Assigned									